Submit 5 Copies
Appropriate District Office
DISTRICT I Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

AUG 2 6 1991

O. C. D. ARTESIA, OFFICE

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>. </u>	<u>_</u>	OTRA	NSPORT OF	L AND NA	TURAL G					
Operator NEARBURG PRODUCING COMPANY						Well	API No. 30-015-25346			
Address		<u></u>					30	-015-25.	140	
P. O. Box 823085, Da	llas, To	exas	75382-3085		· -					
Reason(s) for Filing (Check proper box) New Well		Change in	Transporter of:	L] Ou	ner (Please expl	ain)				
Recompletion	Oil		Dry Gas	Change	in Oil	Transpor	rter			
Change in Operator	Casinghead	Gas 🗌	Condensate	effect	ive Septe	ember 1	, 1991.			
f change of operator give name and address of previous operator										
L DESCRIPTION OF WELL	AND LEA	SE								
Lease Name	Well No. Pool Name, Includi			- I			nd of Lease No.			
Bogart Location		1	Atoka G	lorieta Yeso State			Endore Fee			
Unit Letter J: 1,980 Feet From The South Line and 1,980 Feet From The East Line										
Section 4 Township 19S Range 26E , NMPM, Eddy County										
II. DESIGNATION OF TRAN	SPORTE	R OF OI	L AND NATI							
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil										
Texaco Trading & Transport Name of Authorized Transporter of Casinghead Gas or Dry Gas					P. O. Box 3109, Midland, Texas 79702					
Name of Authorized Transporter of Cating		or Dry Gas	Address (Gin	ne address to wh	uch approved	copy of this fo	copy of this form is to be sent)			
If well produces oil or liquids, ive location of tanks.	Is gas actually connected? When ?									
this production is commingled with that	from any othe	4 Flease of F	19S 26E	N/A	hee-					
V. COMPLETION DATA				and olone from						
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth	<u> </u>	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
erforations										
							Depth Casing	; Shoe		
TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
					······································					
. TEST DATA AND REQUES	T FOR AL	LOWA	RLF	<u> </u>			<u>L</u>			
OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for this	depth or be fo	ər full 24 how	·s.)	
					Producing Method (Flow, pump, gas lift, etc.)					
ength of Test	Tubing Press	ure		Casing Pressu	re		Choke Size			
actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
								·		
GAS WELL LCTUAL Prod. Test - MCF/D	Length of Te		···-	(But At it	/				,	
MAIN FOR 1884 - MICHAE	Length of 16	41.		Bbis. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Press	ure (Shut-i	n)	Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA					NI 00M	CEDV	TION		. N. I	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my mowledge and belief.				Date ApprovedSEP - 3 1991						
mildred simpleins					Date Approved					
Signature				Ву_	ORI	GINAL C	Cheren			
Mildred Simpkins Production Analyst Printed Name Title				MIKE WILLIAMS						
08-07-91	(21)-1778	Title SUPERVISOR, DISTRICT IT						
Date	Telephone No.									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.